



Rimkus Consulting Group, Inc.
2201 South Fretz Avenue, Suite 110
Edmond, OK 73013
Telephone: (405) 340-8034

September 16, 2020

Mr. Kevin Wilson
Capstone ISG
13506 East Boundary Road, Suite A
Midlothian, VA 23112

Re: Insured: Joshua Fields
Claim Number: 123391
Rimkus File No: 100031266
Subject: Report of Findings

Dear Mr. Wilson,

A fire that involved a multiple-family apartment building located at 410 West Cleveland Avenue, in Ponca City, Oklahoma, occurred on March 24, 2020. Rimkus Consulting Group, Inc. (Rimkus) was retained to determine the origin and cause of the fire and determine if the building was compliant with locally adopted life safety standards. Cullen B. Fowler, NAFI-CFEI, photographed and inspected the building on April 3, 2020. Philip M. Noah, IAAI-CFI, reviewed locally adopted life safety codes for compliance, reviewed the Ponca City Fire Department incident report and interviewed Mr. Derek Cassidy, Ponca City Fire Department Fire Marshal. This report was reviewed for technical accuracy by John R. Farill, IAAI-CFI (V), Great Lakes Region Fire Division Manager.

During our investigation, we applied the methodology of fire investigation using the systematic approach as recommended in the current edition of National Fire Protection Association's NFPA 921 – "Guide for Fire and Explosion Investigations" and NFPA 1033 – "Standard for Professional Qualifications for Fire Investigator".

Conclusions

1. The fire originated on the ground level in the center hallway below the stairway to the second level.
2. A kerosene space heater identified in the area of origin and intentional ignition of combustible materials were identified as possible ignition sources for the fire.

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3. There were no personal belongings and furnishings typically found in an occupied structure, located within the dwelling units at the time of our inspection.
4. No single station or multiple-station smoke alarms were observed in the building at the time of our inspection.
5. The locally adopted life safety code is the 2015, Edition of the International Fire Code.
6. The subject building is classified as an R-2 occupancy under the International Fire Code.
7. Section of 907.2.11.2 of the International Fire Code requires that all R-2 occupancies have single or multiple-station smoke alarms installed in specific locations.
8. Smoke alarms were not present in the building when the fire occurred.

Discussion

The fire damaged structure was a two-story multiple-family building with eight apartments, with four apartments on each floor. The building faced north toward West Cleveland Avenue. The wood-framed building was covered with brick veneer and the hip style roof was covered with composition shingles. There was one entry door on the north side and one entry door on the south side. Public records indicated the building was constructed in 1954.

Our review of the Ponca City Fire Department incident report indicated the fire alarm was dispatched on March 24, 2020, at 11:05 p.m. and the first suppression units arrived at 11:09 p.m. The fire report narrative indicated a padlock on the south entry door had been broken prior to their arrival. Additionally, the report noted the front door and multiple windows were boarded up prior to their arrival. A copy of the incident report is included as an attachment.

The exterior of the building had multiple window openings on all elevations. The majority of the windows were covered with oriented strand board (OSB) sheathing. The roof structure exhibited severe fire damage and had either collapsed or had been consumed during the fire. Fire and smoke ventilation patterns were visible on the bricks above the second-story window openings. Foundation ventilation openings were observed around the perimeter indicating the building was built over a crawlspace.

Electric service connections were located on the south side of the building. Eight individual electric meter bases were located on the south wall. The eight meters had been removed prior to our inspection. No physical evidence of abnormal electrical activity was observed at the electric service.

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Natural gas service was connected to the building with four meter connections on the east side, and four meter connections on the west side. The gas meters had been removed prior to our inspection. No evidence of fire damage was observed at or near the natural gas connections.

Interior inspection began through the front door opening, which opened into a center hallway. A stairway to the second floor was in the center of the hallway. Fire damage was severe throughout the hallway. The most severe damage was observed under the stairway where the supporting structure had been partially consumed. Fire movement patterns were consistent with fire spreading vertically up the open stairway to the second floor.

Burned remains of a kerosene space heater were identified in the area below the stairway. The area had been excavated prior to our inspection and portions of the space heater were not identified during our inspection. Due to the severity of the damage, visual inspection of the heater was inconclusive regarding possible fire ignition.

Inspection of the four ground-level apartments revealed varying degrees of heat and smoke damage throughout the units. Fire damage observed was consistent with fire spreading into the apartments from the center hallway. Very few furnishings were observed throughout the ground floor apartments. No personal belongings were observed in the ground floor apartments. Based on our observations at the time of our inspection, the ground floor apartments were unoccupied at the time the fire occurred.

Inspection of the second-floor apartments revealed varying degrees of heat, smoke, and fire damage throughout. Fire damage was consistent with radiant heat and flame contact throughout the attic. No personal belongings or furnishings were observed in the second-floor apartments. Based upon our observations the second-floor apartments were not occupied at the time the fire occurred.

Interviews

A telephone interview was completed with Fire Marshal Derek Cassidy, of the Ponca City Fire Department. During the interview Fire Marshal Cassidy reported the following:

- He was on leave when the fire occurred, and he did not participate in the origin and cause investigation.
- Detective Brian Dye, with the Ponca City Police Department, conducted the origin and cause investigation. During the investigation, Detective Dye requested assistance from Retired Fire Marshal, Mr. David Van Buskirk. Mr. Van Buskirk has no current affiliation with the Ponca City Fire Marshal's office.

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- There was a previous structure fire at the same building on September 19, 2016. He does not know the details of the previous fire.
- The building was unoccupied at the time the fire occurred. He was unsure how long the building had been vacant.
- He has no records of previous violations at the property and does not have any records indicating that smoke alarms had been installed in the building. There have not been any complaint calls or residents requesting smoke alarms to be installed in the building.
- He does not know the details regarding the origin and cause of the fire.
- The current code adopted by the Ponca City Fire Department is the 2015, edition of the International Fire Code (IFC).

A telephone interview was completed with Detective Brian Dye, with the Ponca City Police Department. During the interview Detective Dye reported the following:

- He completed the fire origin and cause investigation. He determined the area of origin was below the stairway on the ground floor.
- The hole in the floor below the stairway had been cut through the flooring prior to the fire. He observed a crawl space below the floor approximately 24 inches deep.
- The building had been boarded up and was vacant for approximately two months prior to the fire.
- No one was living in the building at the time the fire occurred.
- There may have been electric power to two of the apartments but he could not verify this.
- The maintenance/handyman had not been to the building since it was boarded up about two months prior to the fire.
- He observed a petroleum product on the surface of the water in the building during his investigation. Samples of the product were confirmed to be a heavy petroleum distillate.
- He reviewed his photographs and he did not observe any smoke alarms throughout the building. He does not recall seeing any smoke alarms during his scene examination.

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- A padlock on the rear door had been broken prior to the arrival of the fire suppression personnel.
- The cause of the fire remains undetermined.

Analysis

Fire patterns were observed throughout the center hallway on the ground level, the most severe damage was observed around and under the stairway to the second floor. The severity of fire damage decreased with proximity away from the stairway throughout the ground floor and was limited to the upper portion of the four apartments on the ground floor. The supporting structure had been partially consumed and portions of the treads and risers on the stairs had burned through. Based on the fire movement and intensity patterns observed, the fire originated on the ground level in the center hallway below the stairway to the second level.

The burned remains of a kerosene space heater identified within the area of fire origin were identified as a possible ignition source. Our review of the Ponca City Fire Department incident report noted the padlock on the rear door had been broken prior to their arrival. This is indicative of unauthorized persons within the structure at some point and can be indicative of an intentionally set fire. Neither ignition source was conclusively eliminated nor confirmed, and therefore, both remain possible at this time.

The lack of furnishings and personal belongings, in addition to the information from Fire Marshal Cassidy and Detective Dye, support the conclusion the building was vacant when the fire occurred.

Our review of the 2015, edition of the IFC revealed the following requirements:

Section 907.2.11.2 Groups R-2, R-3, R-4, and I-1. Single or multiple-station smoke alarms shall be installed and maintained in Groups R-2, R-3, R-4, and I-1 regardless of *occupant load* at all of the following locations:

1. On the ceiling or wall outside of each separate sleeping area in the immediate vicinity of bedrooms.
2. In each room used for sleeping purposes.
3. In each story within a *dwelling unit*, including *basements* but not including crawl spaces and uninhabitable attics. In *dwellings* or *dwelling units* with split levels and without an intervening door between the adjacent levels, a smoke alarm installed on the upper level shall suffice for the

Section 1103.8.1 Where required. Existing Group I-1 and R occupancies shall be provided with single-station smoke alarms in accordance with Section 907.2.11.

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Interconnection and power sources shall be in accordance with Sections 1103.8.2 and 1103.8.3, respectively.

Exceptions:

1. Where the code that was in effect at the time of construction required smoke alarms and smoke alarms complying with those requirements are already provided.
 - a. *This building was constructed in 1954. No codes required installation of smoke alarms at the time the building was constructed.*
2. Where smoke alarms have been installed in occupancies and dwellings that were not required to have them at the time of construction, additional smoke alarms shall not be required provided that the existing smoke alarms comply with requirements that were in effect at the time of installation.
 - a. *There are no documents that indicate if or when smoke alarms were installed in the building.*
 - b. *No smoke alarms were identified in the building at the time of our inspection.*
3. Where smoke detectors connected to a fire alarm system have been installed as a substitute for smoke alarms.
 - a. *No fire alarm systems were identified within the building.*

1103.8.2 Interconnection. Where more than one smoke alarm is required to be installed within an individual *dwelling* or *sleeping unit*, the smoke alarms shall be interconnected in such a manner that the activation of one alarm will activate all of the alarms in the individual unit. Physical interconnection of smoke alarms shall not be required where listed wireless alarms are installed and all alarms sound upon activation of one alarm. The alarm shall be clearly audible in all bedrooms over background noise levels with all intervening doors closed.

Exceptions:

1. Interconnection is not required in buildings that are not undergoing *alterations*, repairs, or construction of any kind.
2. Smoke alarms in existing areas are not required to be interconnected where *alterations* or repairs do not result in the removal of the interior wall or ceiling finishes exposing the structure unless there is an attic, crawl space, or *basement* available that could provide access for interconnection without the removal of interior finishes.

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- a. The building was constructed over a crawl space and the hip style roof had ample attic space above the second floor.

1103.8.3 Power source. Single-station smoke alarms shall receive their primary power from the building wiring provided that such wiring is served from a commercial source and shall be equipped with a battery backup. Smoke alarms with integral strobes that are not equipped with battery backup shall be connected to an emergency electrical system. Smoke alarms shall emit a signal when the batteries are low. Wiring shall be permanent and without a disconnecting switch other than as required for overcurrent protection.

Exceptions:

1. Smoke alarms are permitted to be solely battery operated in existing buildings where construction is not taking place.
2. Smoke alarms are permitted to be solely battery operated in buildings that are not served from a commercial power source.
3. Smoke alarms are permitted to be solely battery operated in existing areas of buildings undergoing *alterations* or repairs that do not result in the removal of interior walls or ceiling finishes exposing the structure unless there is an attic, crawl space, or *basement* available that could provide access for building wiring without the removal of interior finishes.
 - a. The building was built over a crawl space and the hip style roof provided adequate attic space above the second floor.

Photographs were taken during our inspection, including photographs that were not included in this report, were retained in our files and are available to you upon request.

This report was prepared for the exclusive use of Capstone ISG and was not intended for any other purpose. Our report was based on the information available to us at this time. Should additional information become available, we reserve the right to determine the impact, if any, the new information may have on our opinions and conclusions and to revise our opinions and conclusions if necessary and warranted.

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Thank you for allowing us to provide this service. If you have any questions or need additional assistance, please call.

Sincerely,
RIMKUS CONSULTING GROUP, INC.

**Philip
Noah**

Digitally signed by: Philip Noah
DN: CN = Philip Noah C = US O
= Unaffiliated OU =
A01410D0000016F902A4C57000
0F85A
Date: 2020 09.16 08:19:28 -06'00'

Philip M. Noah, IAAI-CFI
Fire Division Manager

Attachments: Photographs, Ponca City Fire Department Incident Report, Curriculum Vitae

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Photograph 1

View of the North front elevation



Photograph 2

View of center stairway from ground level to the second level



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Photograph 3

View below the center stairway on the ground floor



Photograph 4

View of ground level dwelling unit



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Photograph 5

View of second level dwelling unit



Photograph 6

Remains of kerosene space heater recovered under the stairway to the second level



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Ponca City Fire Department Incident Report

A FDID <u>36007</u> <input checked="" type="checkbox"/> State <u>OK</u> <input checked="" type="checkbox"/> Incident Date <u>03</u> <u>24</u> <u>2020</u> <input checked="" type="checkbox"/> Station <u>001</u> Incident Number <u>0001323</u> <input checked="" type="checkbox"/> Exposure <u>000</u> <input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity NFIRS-1 Basic			
B Location Type <input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B, "Alternative Location Specification." Use only for wildland fires. Census Tract <u> </u> - <u> </u> <input checked="" type="checkbox"/> Street address <u>410</u> <u>W</u> <u>Cleveland</u> <u>AVE</u> <input type="checkbox"/> Intersection Number/Milepost Prefix Street or Highway Street Type Suffix <input type="checkbox"/> In front of <u> </u> <u>Ponca City</u> <u>OK</u> <u>74601</u> <input type="checkbox"/> Rear of Apt./Suite/Room City State ZIP Code <input type="checkbox"/> Adjacent to <u> </u> <input type="checkbox"/> Directions <u> </u> <input type="checkbox"/> U.S. National Grid <u> </u> Cross Street, Directions or National Grid, as applicable			
C Incident Type <input checked="" type="checkbox"/> <u>111</u> <u>Building fire</u> Incident Type	E1 Dates and Times Midnight is 0000 Check boxes if dates are the same as Alarm Date. Alarm <input checked="" type="checkbox"/> <u>03</u> <u>24</u> <u>2020</u> <u>2305</u> ARRIVAL required, unless canceled or did not arrive <input checked="" type="checkbox"/> Arrival <u>03</u> <u>24</u> <u>2020</u> <u>2309</u> CONTROLLED optional, except for wildland fires <input type="checkbox"/> Controlled <u>03</u> <u>25</u> <u>2020</u> <u>0235</u> LAST UNIT CLEARED, required except for wildland fires <input type="checkbox"/> Last Unit Cleared <u>03</u> <u>25</u> <u>2020</u> <u>0235</u>	E2 Shifts and Alarms Local Option <input type="checkbox"/> Shift or Platoon <input type="checkbox"/> Alarms <u>001</u> District E3 Special Studies Local Option <input type="checkbox"/> Special Study ID# <input type="checkbox"/> Special Study Value	
D Aid Given or Received <input checked="" type="checkbox"/> None 1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Auto. aid received 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Auto. aid given 5 <input type="checkbox"/> Other aid given Their FDID <u> </u> Their State <u> </u> Their Incident Number <u> </u>	F Actions Taken <input checked="" type="checkbox"/> <u>86</u> <u>Investigate</u> Primary Action Taken (1) <u> </u> Additional Action Taken (2) <u> </u> Additional Action Taken (3) <u> </u>	G1 Resources <input checked="" type="checkbox"/> Check this box and skip this block if an Apparatus or Personnel Module is used. Apparatus <u> </u> Personnel <u> </u> Suppression <u> </u> EMS <u> </u> Other <u> </u> <input type="checkbox"/> Check box if resource counts include aid received resources.	G2 Estimated Dollar Losses and Values LOSSES: Required for all fires if known. Optional for non-fires. None Property \$ <u>000</u> , <u>100</u> , <u>000</u> <input type="checkbox"/> Contents \$ <u>000</u> , <u>010</u> , <u>000</u> <input type="checkbox"/> PRE-INCIDENT VALUE: Optional Property \$ <u> </u> , <u> </u> , <u> </u> <input type="checkbox"/> Contents \$ <u> </u> , <u> </u> , <u> </u> <input type="checkbox"/>
Completed Modules <input checked="" type="checkbox"/> Fire-2 <input checked="" type="checkbox"/> Structure Fire-3 <input type="checkbox"/> Civilian Fire Cas.-4 <input type="checkbox"/> Fire Service Cas.-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11	H1 Casualties <input checked="" type="checkbox"/> None Fire Deaths Injuries Service <u> </u> <u> </u> Civilian <u> </u> <u> </u> H2 Detector Required for confined fires. <input type="checkbox"/> Detector alerted occupants <input type="checkbox"/> Detector did not alert them <input type="checkbox"/> Unknown	H3 Hazardous Materials Release <input type="checkbox"/> None 1 <input type="checkbox"/> Natural gas: slow leak, no evacuation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21-lb tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable storage 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling <55 gallons 0 <input type="checkbox"/> Other: special HazMat actions required or spill > 55 gal (Please complete the HazMat form.)	I Mixed Use Property <input type="checkbox"/> Not mixed 10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Business & residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use
J Property Use <input type="checkbox"/> None Structures 131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/Tavern or nightclub 213 <input type="checkbox"/> Elementary school, kindergarten 215 <input type="checkbox"/> High school, junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Nursing home 331 <input type="checkbox"/> Hospital Outside 124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field 341 <input type="checkbox"/> Clinic, clinic-type infirmary 342 <input type="checkbox"/> Doctor/Dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input type="checkbox"/> 1- or 2-family dwelling 429 <input checked="" type="checkbox"/> Multifamily dwelling 439 <input type="checkbox"/> Rooming/Boarding house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/Barracks 519 <input type="checkbox"/> Food and beverage sales 539 <input type="checkbox"/> Household goods, sales, repairs 571 <input type="checkbox"/> Gas or service station 579 <input type="checkbox"/> Motor vehicle/boat sales/repairs 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric-generating plant 629 <input type="checkbox"/> Laboratory/Science laboratory 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/Poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse 936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/Cared for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right-of-way 960 <input type="checkbox"/> Other street 961 <input type="checkbox"/> Highway/Divided highway 962 <input type="checkbox"/> Residential street/driveway 981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard			
Look up and enter a Property Use code and description only if you have NOT checked a Property Use box. <input type="checkbox"/> Property Use <u> </u> Code <u> </u> Property Use Description <u> </u> NFIRS-1 Revision 01/01/05			

K1 Person/Entity Involved

Local Option

Business Name (if applicable)

Area Code

Phone Number

☐ Check this box if same address as incident location (Section B). Then skip the three duplicate address lines.

Mr., Ms., Mrs.

First Name

MI

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State

ZIP Code

☐ More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.

K2 Owner

Local Option

☐ Same as person involved? Then check this box and skip the rest of this block.

Business Name (if applicable)

580

761

2725

☐ Check this box if same address as incident location (Section B). Then skip the three duplicate address lines.

MR

Josh

MI

Fields

Suffix

Number

Prefix

Street or Highway

AVE

Suffix

Post Office Box

Apt./Suite/Room

City

State

ZIP Code

L**Remarks:****RON CREMERS****March 25,2020 02:54:53**

Dispatched to a smoke investigation at Elm & Grand

RON CREMERS - Ambulance 115**March 25,2020 02:59:24**

Assisted in fire control

RON CREMERS - Ambulance 118**March 25,2020 03:01:56**

Assigned and assisted in fire control

RON CREMERS - Engine 1**March 25,2020 03:03:43**

Assigned fire attack

☒ More remarks? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.

M Authorization

Check box if same as Officer in charge. ☒

1950

Officer in charge ID

Signature

Captain

Position or rank

Assignment

Month

Day

Year

1950

Member making report ID

Signature

Captain

Position or rank

Assignment

Month

Day

Year

A	36007 FDID	OK State	MM 03 Incident Date	DD 24	YYYY 2020	Station	0001323 Incident Number	000 Exposure	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS-1S Supplemental
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K1 Person/Entity Involved

Local Option

Business Name (if applicable)

Area Code

Phone Number

☐ Check this box if same address as incident location. Then skip these three duplicate address lines.

Mr., Ms., Mrs.

First Name

MI

Last Name

Suffix

Number

Prefix

Street or Highway

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Post Office Box

Apt./Suite/Room

City

State

ZIP Code

-

K1 Person/Entity Involved

Local Option

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Area Code

Phone Number

☐ Check this box if same address as incident location. Then skip these three duplicate address lines.

Mr., Ms., Mrs.

First Name

MI

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State

ZIP Code

-

K1 Person/Entity Involved

Local Option

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Area Code

Phone Number

☐ Check this box if same address as incident location. Then skip these three duplicate address lines.

Mr., Ms., Mrs.

First Name

MI

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State

ZIP Code

-

K1 Person/Entity Involved

Local Option

Business Name (if applicable)

Area Code

Phone Number

☐ Check this box if same address as incident location. Then skip these three duplicate address lines.

Mr., Ms., Mrs.

First Name

MI

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State

ZIP Code

-

K1 Person/Entity Involved

Local Option

Business Name (if applicable)

Area Code

Phone Number

☐ Check this box if same address as incident location. Then skip these three duplicate address lines.

Mr., Ms., Mrs.

First Name

MI

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State

ZIP Code

-

<div style="display: inline-block; border: 1px solid black; padding: 2px 5px; margin-right: 5px;">E3</div> Supplemental Special Studies <small>Local Option</small>				<div style="border: 1px solid black; padding: 2px 5px; display: inline-block;">NFIRS-1S Supplemental</div>	
1	2	3	4		
<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> Special Study ID# Special Study Value </div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> Special Study ID# Special Study Value </div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> Special Study ID# Special Study Value </div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> Special Study ID# Special Study Value </div>		
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L

Remarks:

Local Option

RON CREMERS - Engine 2
March 25,2020 03:07:34

Assigned water supply then assist with fire attack

RON CREMERS - Engine 4
March 25,2020 03:09:07

Assigned fire attack

RON CREMERS - Rescue 3
March 25,2020 03:11:28

Assigned to assist fire control

RON CREMERS - Tower 1
March 25,2020 03:13:38

Assigned to spray water from the tower

RON CREMERS - Command 1
March 25,2020 03:22:33

Was dispatched to a smoke in the area of Elm and Grand. As we were about a block away you could see smoke in the area. Upon arrival we found a two story brick building with a little fire in the front door. The second story had a lot of smoke coming out of all sides. The building had boards on all the windows. PD on scene stated that there was a board on the door but that it had burned through prior to our arrival. E-1 Amb 118 assigned fire attack. They entered the A side and proceeded to knock down fire in the front door and front entrance area of structure. They eventually made it two the second floor where most of the fire was. They stated their was a large amount of fire on the second floor. They attempted to get the fire under control. It became obvious that the condition had changed and it was no longer safe for an interior attack. All personal was ordered to exit the structure. At this time we began an exterior attack using master streams from 3 fire apparatus. Eventually this got most of the fire under control. The areas that were still burning was areas under the roof that had collapsed.

It was noted that the back door had a pad lock that looked as though it had been bus

NFIRS-1S Revision 01/01/04

A	36007 FDID	OK State	MM 03 Incident Date	DD 24	YYYY 2020	Station	0001323 Incident Number	000 Exposure	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS-1S Supplemental
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K1 Person/Entity Involved
 Local Option _____ Business Name (if applicable) _____ Area Code _____ Phone Number _____
☐ Check this box if same address as incident location. Then skip these three duplicate address lines.
 Mr., Ms., Mrs. First Name _____ MI _____ Last Name _____ Suffix _____
 Number _____ Prefix _____ Street or Highway _____ Street Type _____ Suffix _____
 Post Office Box _____ Apt./Suite/Room _____ City _____
 State _____ ZIP Code _____

K1 Person/Entity Involved
 Local Option _____ Business Name (if applicable) _____ Area Code _____ Phone Number _____
☐ Check this box if same address as incident location. Then skip these three duplicate address lines.
 Mr., Ms., Mrs. First Name _____ MI _____ Last Name _____ Suffix _____
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 Local Option _____ Business Name (if applicable) _____ Area Code _____ Phone Number _____
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 Mr., Ms., Mrs. First Name _____ MI _____ Last Name _____ Suffix _____
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 State _____ ZIP Code _____

K1 Person/Entity Involved
 Local Option _____ Business Name (if applicable) _____ Area Code _____ Phone Number _____
☐ Check this box if same address as incident location. Then skip these three duplicate address lines.
 Mr., Ms., Mrs. First Name _____ MI _____ Last Name _____ Suffix _____
 Number _____ Prefix _____ Street or Highway _____ Street Type _____ Suffix _____
 Post Office Box _____ Apt./Suite/Room _____ City _____
 State _____ ZIP Code _____

E3**Supplemental Special Studies**

Local Option

**NFIRS-1S
Supplemental****1**Special
Study ID#Special
Study Value**2**Special
Study ID#Special
Study Value**3**Special
Study ID#Special
Study Value**4**Special
Study ID#Special
Study Value**5**Special
Study ID#Special
Study Value**6**Special
Study ID#Special
Study Value**7**Special
Study ID#Special
Study Value**8**Special
Study ID#Special
Study Value**L****Remarks:**

Local Option

ted open. This was noted to the police on scene.

After fire had appeared top be mostly under control I placed all units except Tower-1 back in service.

A FDID <u>36007</u> <input type="checkbox"/> Delete NFIRS-2 Fire State <u>OK</u> <input type="checkbox"/> Change Incident Date MM <u>03</u> DD <u>24</u> YYYY <u>2020</u> Station <u>001</u> Incident Number <u>0001323</u> Exposure <u>000</u>		
B Property Details B1 <u>8</u> <input type="checkbox"/> Not Residential Estimated number of residential living units in building of origin whether or not all units became involved. B2 <u>1</u> <input type="checkbox"/> Buildings not involved Number of buildings involved B3 <u> </u> , <u> </u> <input checked="" type="checkbox"/> None <input type="checkbox"/> Less than one acre Acres burned (outside fires)	C On-Site Materials or Products <input type="checkbox"/> None Complete if there were any significant amounts of commercial, industrial, energy, or agricultural products or materials on the property, whether or not they became involved. Enter up to three codes. Check one box for each code entered. On-site material (1) <u> </u> On-site material (2) <u> </u> On-site material (3) <u> </u> On-Site Materials Storage Use 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service U <input type="checkbox"/> Undetermined 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service U <input type="checkbox"/> Undetermined 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service U <input type="checkbox"/> Undetermined	
D Ignition D1 <u>UU</u> <u>Undetermined</u> Area of fire origin <input type="checkbox"/> D2 <u>UU</u> <u>Undetermined</u> Heat source <input type="checkbox"/> D3 <u>UU</u> <u>Undetermined</u> Item first ignited <input type="checkbox"/> 1 <input type="checkbox"/> Check box if fire spread was confined to object of origin. D4 <u> </u> <u> </u> Type of material first ignited Required only if item first ignited code is 00 or <70.	E1 Cause of Ignition <input type="checkbox"/> Check box if this is an exposure report. ➔ Skip to Section G 1 <input type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional 3 <input type="checkbox"/> Failure of equipment or heat source 4 <input type="checkbox"/> Act of nature 5 <input checked="" type="checkbox"/> Cause under investigation U <input type="checkbox"/> Cause undetermined after investigation E2 Factors Contributing to Ignition <input type="checkbox"/> None <u>UU</u> <u>Undetermined</u> Factor contributing to ignition (1) <u> </u> <u> </u> Factor contributing to ignition (2)	E3 Human Factors Contributing to Ignition Check all applicable boxes <input checked="" type="checkbox"/> None 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Possibly impaired by alcohol or drugs 3 <input type="checkbox"/> Unattended person 4 <input type="checkbox"/> Possibly mentally disabled 5 <input type="checkbox"/> Physically disabled 6 <input type="checkbox"/> Multiple persons involved 7 <input type="checkbox"/> Age was a factor Estimated age of person involved <u> </u> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female
F1 Equipment Involved in Ignition <input type="checkbox"/> None ➔ If equipment was not involved, skip to Section G. <u> </u> <u> </u> Equipment Involved Brand <u> </u> Model <u> </u> Serial # <u> </u> Year <u> </u>	F2 Equipment Power Source <u> </u> <u> </u> Equipment Power Source F3 Equipment Portability 1 <input type="checkbox"/> Portable 2 <input type="checkbox"/> Stationary Portable equipment normally can be moved by one or two persons, is designed to be used in multiple locations, and requires no tools to install.	G Fire Suppression Factors <input type="checkbox"/> None Enter up to three codes. <u> </u> <u> </u> <u> </u> Fire suppression factor (1) <u> </u> <u> </u> <u> </u> Fire suppression factor (2) <u> </u> <u> </u> <u> </u> Fire suppression factor (3)
H1 Mobile Property Involved <input type="checkbox"/> None 1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input type="checkbox"/> Involved in ignition and burned ➔ <u> </u> Mobile property model <u> </u> <u> </u> <u> </u> License Plate Number State VIN <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Structure fire? Please be sure to complete the Structure Fire form (NFIRS-3).</div>	H2 Mobile Property Type and Make <u> </u> <u> </u> Mobile property type <u> </u> <u> </u> Mobile property make <u> </u> <u> </u> Year	Local Use <input type="checkbox"/> Pre-Fire Plan Available Some of the information presented in this report may be based upon reports from other agencies: <input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> Other reports attached <u> </u> <u> </u> <u> </u> <u> </u>

I1 Structure Type ☆ If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 1 <input checked="" type="checkbox"/> Enclosed building 2 <input type="checkbox"/> Portable/Mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air-supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g., piers) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g., fences) 0 <input type="checkbox"/> Other type of structure </div>	I2 Building Status ☆ 1 <input type="checkbox"/> Under construction 2 <input type="checkbox"/> In normal use 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input checked="" type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	I3 Building Height ☆ Count the roof as part of the highest story. <div style="border: 1px solid black; padding: 2px; margin: 5px;">001</div> Total number of stories at or above grade. <div style="border: 1px solid black; padding: 2px; margin: 5px;">00</div> Total number of stories below grade.	I4 Main Floor Size ☆ <div style="border: 1px solid black; padding: 2px; margin: 5px;">00</div> , <div style="border: 1px solid black; padding: 2px; margin: 5px;">003</div> , <div style="border: 1px solid black; padding: 2px; margin: 5px;">000</div> Total square feet OR <div style="border: 1px solid black; padding: 2px; margin: 5px;">0</div> , <div style="border: 1px solid black; padding: 2px; margin: 5px;">100</div> BY <div style="border: 1px solid black; padding: 2px; margin: 5px;">0</div> , <div style="border: 1px solid black; padding: 2px; margin: 5px;">030</div> Length in feet Width in feet
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NFIRS-3
Structure
Fire

J1 Fire Origin ☆ <div style="border: 1px solid black; padding: 2px; margin: 5px;">002</div> Story of fire origin <input type="checkbox"/> Below grade	J3 Number of Stories Damaged by Flame Count the roof as part of the highest story. <div style="border: 1px solid black; padding: 2px; margin: 5px;"> </div> Number of stories w/minor damage (1 to 24% flame damage) <div style="border: 1px solid black; padding: 2px; margin: 5px;"> </div> Number of stories w/significant damage (25 to 49% flame damage) <div style="border: 1px solid black; padding: 2px; margin: 5px;"> </div> Number of stories w/heavy damage (50 to 74% flame damage) <div style="border: 1px solid black; padding: 2px; margin: 5px;"> </div> Number of stories w/extreme damage (75 to 100% flame damage)	K Type of Material Contributing Most to Flame Spread <input type="checkbox"/> Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine. ➔ Skip to Section L K1 <div style="border: 1px solid black; padding: 2px; margin: 5px;"> </div> Item contributing most to flame spread K2 <div style="border: 1px solid black; padding: 2px; margin: 5px;"> </div> Type of material contributing most to flame spread Required only if item contributing code is 00 or <70.
J2 Fire Spread ☆ If fire spread was confined to object of origin, do not check a box (Ref. Block D3, Fire Module). 2 <input type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input checked="" type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin		

L1 Presence of Detectors ☆ (In area of the fire) N <input checked="" type="checkbox"/> None Present ➔ Skip to Section M 1 <input type="checkbox"/> Present U <input type="checkbox"/> Undetermined	L3 Detector Power Supply 1 <input type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug-in 4 <input type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug-in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	L5 Detector Effectiveness Required if detector operated. 1 <input type="checkbox"/> Alerted occupants, occupants responded 2 <input type="checkbox"/> Alerted occupants, occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined
L2 Detector Type 1 <input type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke and heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than one type present 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	L4 Detector Operation 1 <input type="checkbox"/> Fire too small to activate 2 <input type="checkbox"/> Operated ➔ Complete Block L5 3 <input type="checkbox"/> Failed to operate ➔ Complete Block L6 U <input type="checkbox"/> Undetermined	L6 Detector Failure Reason Required if detector failed to operate. 1 <input type="checkbox"/> Power failure, shutdown, or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes not cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined

M1 Presence of Automatic Extinguishing System ☆ N <input checked="" type="checkbox"/> None Present ➔ Complete rest of Section M 1 <input type="checkbox"/> Present 2 <input type="checkbox"/> Partial System Present U <input type="checkbox"/> Undetermined	M3 Operation of Automatic Extinguishing System Required if fire was within designed range. 1 <input type="checkbox"/> Operated/effective (go to M4) 2 <input type="checkbox"/> Operated/Not effective (go to M4) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (go to M5) 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	M5 Reason for Automatic Extinguishing System Failure Required if system failed or not effective. 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual intervention 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined
M2 Type of Automatic Extinguishing System Required if fire was within designed range of AES. 1 <input type="checkbox"/> Wet-pipe sprinkler 2 <input type="checkbox"/> Dry-pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen-type system 7 <input type="checkbox"/> Carbon dioxide (CO ₂) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined	M4 Number of Sprinkler Heads Operating Required if system operated. <div style="border: 1px solid black; padding: 2px; margin: 5px;"> </div> Number of sprinkler heads operating	

NFIRS-3 Revision 01/01/06

A	FDID <input type="text" value="36007"/>	State <input type="text" value="OK"/>	Incident Date <input type="text" value="03"/> <input type="text" value="24"/> <input type="text" value="2020"/>	Station <input type="text" value="001"/>	Incident Number <input type="text" value="0001323"/>	Exposure <input type="text" value="000"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS-10 Personnel
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B Apparatus or Resources	Dates and Times <small>Midnight is 0000</small> Check if same date as Alarm date on the Basic Module (Block E1). Month Day Year Hour/Min	Sent <input checked="" type="checkbox"/>	Number of People <input type="text" value="2"/>	Apparatus Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small> <input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>
1 ID <input type="text" value="115"/> ★Type <input type="text" value="75"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="2314"/> Arrival <input checked="" type="checkbox"/> <input type="text" value="2326"/> Clear <input type="checkbox"/> <input type="text" value="03"/> <input type="text" value="25"/> <input type="text" value="2020"/> <input type="text" value="0235"/>	Sent <input checked="" type="checkbox"/>	<input type="text" value="2"/>		<input type="text" value="10"/> <input type="text"/>

Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text" value="1-0098"/>	CARSON COMBEST		<input checked="" type="checkbox"/>				
<input type="text" value="1-0127"/>	CHRISTOPHER JONES		<input checked="" type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

2 ID <input type="text" value="118"/> ★Type <input type="text" value="75"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="2307"/> Arrival <input checked="" type="checkbox"/> <input type="text" value="2309"/> Clear <input type="checkbox"/> <input type="text" value="03"/> <input type="text" value="25"/> <input type="text" value="2020"/> <input type="text" value="0235"/>	Sent <input checked="" type="checkbox"/>	Number of People <input type="text" value="3"/>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="10"/> <input type="text"/>
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Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text" value="10498"/>	TANNER TONEY		<input checked="" type="checkbox"/>				
<input type="text" value="1-0031"/>	BENJAMIN WEBB		<input checked="" type="checkbox"/>				
<input type="text" value="10550"/>	NICHOLAS FULTON		<input checked="" type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

3 ID <input type="text" value="105"/> ★Type <input type="text" value="92"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="2307"/> Arrival <input checked="" type="checkbox"/> <input type="text" value="2309"/> Clear <input type="checkbox"/> <input type="text" value="03"/> <input type="text" value="25"/> <input type="text" value="2020"/> <input type="text" value="0235"/>	Sent <input checked="" type="checkbox"/>	Number of People <input type="text" value="1"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text" value="10"/> <input type="text"/>
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Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text" value="1950"/>	RON CREMERS		<input checked="" type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

A	FDID <input type="text" value="36007"/>	State <input type="text" value="OK"/>	Incident Date <input type="text" value="03"/> <input type="text" value="24"/> <input type="text" value="2020"/>	Station <input type="text" value="001"/>	Incident Number <input type="text" value="0001323"/>	Exposure <input type="text" value="000"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS-10 Personnel
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B Apparatus or Resources	Dates and Times <small>Midnight is 0000</small> Check if same date as Alarm date on the Basic Module (Block E1). Month Day Year Hour/Min	Sent <input checked="" type="checkbox"/>	Number of People <input type="text" value="2"/>	Apparatus Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small> <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>
1 ID <input type="text" value="108"/> ★Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="2307"/> Arrival <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="2309"/> Clear <input type="checkbox"/> <input type="text" value="03"/> <input type="text" value="25"/> <input type="text" value="2020"/> <input type="text" value="0235"/>	Sent <input checked="" type="checkbox"/>	<input type="text" value="2"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="10"/> <input type="text"/>

Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text" value="9744"/>	SCOTT GARRETT		<input checked="" type="checkbox"/>				
<input type="text" value="9009"/>	GARY WHITEHEAD		<input checked="" type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

2 ID <input type="text" value="105"/> ★Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="2307"/> Arrival <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="2309"/> Clear <input type="checkbox"/> <input type="text" value="03"/> <input type="text" value="25"/> <input type="text" value="2020"/> <input type="text" value="0235"/>	Sent <input checked="" type="checkbox"/>	Number of People <input type="text" value="2"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="10"/> <input type="text"/>
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Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text" value="9347"/>	BENJAMIN CREECH		<input checked="" type="checkbox"/>				
<input type="text" value="9739"/>	ANDRE STOLL		<input checked="" type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

3 ID <input type="text" value="102"/> ★Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="2307"/> Arrival <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="2326"/> Clear <input type="checkbox"/> <input type="text" value="03"/> <input type="text" value="25"/> <input type="text" value="2020"/> <input type="text" value="0235"/>	Sent <input checked="" type="checkbox"/>	Number of People <input type="text" value="2"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="10"/> <input type="text"/>
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Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text" value="8802"/>	ALLAN FOGLE		<input checked="" type="checkbox"/>				
<input type="text" value="1-0008"/>	LANE LATHERS		<input checked="" type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

NFIRS-10 Revision 01/01/04

ESO-1
Non-NFIRS
Fields

E1 Additional Incident Times											
	Month	Day	Year	Hour	Min		Month	Day	Year	Hour	Min
PSAP Recieved	03	25	2020			Dispatch Notified	03	25	2020		

B	Apparatus or Resources	Dates and Times				Midnight is 0000	5	ID	105	En Route	03	24	2020	2307
		Month	Day	Year	Hour/Min									
1	ID 115 Type	En Route	03	24	2020	2314	6	ID	102	En Route	03	24	2020	2314
		District	03	25	2020			Type		District	03	25	2020	
2	ID 118 Type	En Route	03	24	2020	2307	7	ID	116	En Route	03	24	2020	2307
		District	03	25	2020			Type		District	03	25	2020	
3	ID 105 Type	En Route	03	24	2020	2307	8	ID	103	En Route	03	24	2020	2307
		District	03	25	2020			Type		District	03	25	2020	
4	ID 108 Type	En Route	03	24	2020	2307	9	ID		En Route				
		District	03	25	2020			Type		District				

September 10, 2020
Rimkus File No. 100031266

Curriculum Vitae



Philip M. Noah, C.F.I., C.V.F.I

Manager
Fire Division



Background

Mr. Noah is a Certified Fire Investigator, a Certified Vehicle Fire Investigator, and a licensed private fire investigator in Missouri. He is also a licensed private investigator in Arkansas, Oklahoma, Kansas, and Illinois.

He has over 28 years of experience in fire suppression operations, fire/explosion investigations, technical rescue, hazardous material incidents, fire code enforcement, and building construction plans review. Over his career, he has led or assisted in the origin and cause of more than 500 fire and explosion investigations. As a fire investigator, he conducted origin and cause investigations on fatal structure fires, residential fires, commercial fires, and vehicle fires.

As the Springfield Fire Dept. Fire Marshal, Mr. Noah served as a public safety bomb technician on the Springfield Missouri Bomb Squad, and was a founding member of the Greene County, MO Arson Task Force, during which time he worked closely with the FBI and the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF). While in this position, he also performed hundreds of building plans reviews evaluating structures for International Fire Code compliance. Mr. Noah has instructed courses in fire scene evidence preservation, explosives awareness, and fire investigation awareness for the insurance industry.

Mr. Noah has testified and been qualified as an expert in court proceedings pertaining to fire origin and causation. Mr. Noah is also a court-certified expert in the field of fire origin and cause determination.

Contact Information

(314) 432-9255

pnoah@rimkus.com

10 Kimler Drive,
Suite G
Maryland Heights, MO 63043



Professional Engagements

• Fire, Arson and Explosion Investigations

- Greene County Arson Task Force – Greene County, MO (2011), Founding member of organization established to investigate growing number of suspicious fires in Greene County.
- Fire Marshall – Springfield, MO (2009-2015), Investigated and determined the origin and cause of more than 300 fires and explosions to include commercial structures, residential structures, passenger vehicles and fatalities.
- Bomb Technician – Springfield, MO (2011), Certified through the Federal Bureau of Investigation. responded to situations dealing with explosives, improvised explosives, commercial explosives and post blast investigations.
- Fire Plans Reviewer – Springfield, MO (2010), Certified through the National Fire Academy as a Fire Plans reviewer and through the International Code Council as a Fire Inspector I & II. As a plans reviewer he conducted commercial building plans review for the City of Springfield Fire Dept., this included evaluating building plans for fire code compliance.

• Code Compliance

- Commercial Structure – Springfield, MO (2009-2015), Evaluated hundreds of buildings for code compliance and conducted plans reviews manufacturer-required installation procedures on fireplaces.
- Overcrowded Nightclubs – Springfield, MO (2009-2015), Part of citywide effort to evaluate growing problem of overcrowded nightclubs and bars and enforce maximum occupancy limits.

Forensic Engagements

• Fire Investigations – Residential & Commercial

- Manufacturing plant
- Warehouse
- Storage Facility
- Residential Structures Fire Loss

• Fire Investigations – Heavy Equipment

- Investigations of fire losses involving vehicles and large transport trucks

• Post-Blast Explosion Investigations

- Church explosion – St. Louis, MO (2018), Investigated cause and origin to support insurance claim
- Residential Explosion – Bois D'Arc, MO (2017), Investigated cause and origin to support insurance claim

• Educator / Lecturer / Trainer – Live Burn

- CEU Courses – Maryland Heights, MO (2015-Present), Teaches fire origin and cause best practices



including fireplace fire evaluations, fire scene evidence preservation, explosives awareness, and fire investigation awareness to insurance adjusters.

- Live Burn Seminars – Maryland Heights, MO (2015-Present), Organizes and teaches live burn seminars including vehicle and large structure simulations for insurance adjusters.

Professional Experience

- **Rimkus Consulting Group, Inc.** **2015 – Present**
 - Fire Division Manager – Central Region (May 2018)
Along with conducting cause and origin fire and explosion evaluations, responsible for managing team of fire investigators including technical reviews of field work and documentation.
 - Fire Consultant – Central Region (2015-2018)
Responsible for fire and explosion evaluations in commercial and residential structures, vehicles, agricultural and heavy equipment, and conveyances as well as fires involving appliances and electrical devices. Evaluations include interviews with witnesses, public agency personnel, and other pertinent third-party individuals, the collection, documentation, and preservation of evidence and the preparation of detailed written investigative reports pertaining to origin and causation as well as potential liability for subrogation and litigation.
- **Springfield Fire Dept. (Missouri)** **1990 – 2015**
 - Fire Marshal (2009 – 2015)
Conducted fire and explosion origin and cause investigations, collected and preserved evidence, interviewed and obtained statements from witnesses and suspects, and composed detailed investigative reports related to fire and explosion incidents. Worked directly with the Greene County prosecutor's office to compile and present arson cases within the city limits of Springfield. Responded to and investigated incidents involving explosives or possible explosives including improvised, homemade and commercial explosives and then render safe hazardous devices. Worked directly with the FBI and ATF to investigate and prosecute incidents involving illegal explosives. Conducted on site business and facility inspections to identify potential fire hazards and fire code violations in an effort to prevent fires from occurring. Conducted plan reviews for commercial building projects, the plans were evaluated for compliance with the Fire Code currently adopted by the City of Springfield.
 - Fire Captain (1997 – 2009)
Responsible for fire personnel activities across the department. Specifically responsible for assigning, directing, and supervising firefighting, medical emergencies, and related life and property protection; directing the route to be taken to emergency calls; implementing and/or integrating into an incident management system; making decisions regarding firefighting methods to be used; deploying and managing personnel; ensuring the safe operation of fire equipment and apparatus; and assisting Fire Community Services with, and participating in, public education, community



relations, and fire prevention programs and activities.

- Firefighter (1990 – 1997)

Responsible for protecting the community from disaster situations, including house and building fires, and promote an environment of public safety within the city limits of Springfield. Also participated in fire prevention and inspection activities, equipment and quarter's maintenance, and training, which included all phases of fire suppression, prevention, inspection, rescue and emergency operation.

- Cox Health Systems

1984 – 1990

- Emergency Medical Technician

Responded to emergency and non-emergency calls within Greene County. Responsible for medical care of sick or injured patients during transportation to appropriate medical facilities.

Education and Certifications

- Chemistry, B.S. (in work 100 hours): Missouri State University
- Law Enforcement Academy: Drury University (2010)
- Certified Vehicle Fire Investigator CVFI: NAFI
- Certified Fire Investigator (CFI): State of Missouri (2008)
- Certified Fire Investigator (CFI): International Association of Arson Investigators (2015)
- Certified Fire Inspector II: International Code Council (#5098551)
- Licensed Private Fire Investigator: Missouri
- Licensed Class "A" Peace Officer: Missouri
- Certified Firefighter 1&2: Missouri (1990)
- Certified Fire Officer 1&2: Missouri
- Certified Fire Inspector: Missouri (2010)
- Certified Fire Inspector 1&2: International Code Council
- Certified Hazardous Devices Technician (Bomb Technician): Federal Bureau of Investigation (2011-2017)
- Certified Fire Service Instructor: Missouri (1998)
- Certified Major Crimes Investigator: Springfield Missouri Police Dept.



Continuing Education

- **Fire/Rescue:** PATC Vehicle fire investigation course (2017); Springfield Missouri PD Major Crime Investigator School (2013); IAAI Vehicle fire investigation (2012); National Fire Academy, Interviewing and Courtroom testimony (R208) (2012); National Fire Academy Construction Plans Review (2011); National Fire Academy Arson Investigation Course (R206) (2011); The Reid technique of Interview & Interrogation (2011);
- **CFITrainer.net:** Critical Thinking Solves Cases; Digital Photography and the Fire Investigator; Documenting the Event; Effective Investigation and Testimony; Ethics and the Fire Investigator; Explosion Dynamics; Fire and Explosion Investigations: Utilizing NFPA 1033 and 921; Fire Investigator Scene Safety; Fire Protection Systems; Fundamentals of Interviewing; Insurance and the Fire Investigation; Introduction to Evidence; Introduction to Fire Dynamics and Modeling; Investigating Motor Vehicle Fires; MagneTek: A Case Study in the Daubert Challenge; Physical Evidence at the Fire Scene; The Scientific Method for Fire and Explosion Investigation; Understanding Fire through the Candle Experiments; Writing the Initial Origin and Cause Report
- **University of Missouri:** FEMA National Response Framework Introduction (2008); Legal Considerations for Company Officers (2008); FEMA Basic Incident Command (2005); FEMA National Incident Management (2005); Incident management for the fire service (2006); Strategy & Tactics for initial company operations (2006); CBRNE emergency responder Train the trainer (2001); Incident Management Systems (2001); Incident Safety Officer (2001); Intro to Clandestine drug Labs – 1998); Chemistry of Hazardous Materials (2000); Haz-mat field screening & Identification (2000); Advanced Haz-mat Chemistry (2000); Truck Co Fire ground operations (1994);